

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

ECI06-GN009

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | <u>32</u>                |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | <u>32</u> minus 20=      | * <u>12</u>  |
| INDEPENDENT CLAIMS               | <u>4</u> minus 3 =       | * <u>1</u>   |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total                                          | * <u>16</u>                               | Minus | ** <u>32</u>                                | = <u>16</u>      | X\$ 9=                     |                        |
| Independent                                    | * <u>1</u>                                | Minus | *** <u>4</u>                                | = <u>1</u>       | X43=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | +145=                      |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | X\$ 9=                     |                        |
| Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | X43=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | +145=                      |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | OTHER THAN<br>SMALL ENTITY |                        |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|----------------------------|------------------------|
|                                                |                                           |       |                                             |                  | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | X\$ 9=                     |                        |
| Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | X43=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | +145=                      |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| SMALL ENTITY<br>TYPE | OR     | OTHER THAN<br>SMALL ENTITY |
|----------------------|--------|----------------------------|
| RATE                 | FEES   | RATE                       |
| BASIC FEE            | 385.00 | OR BASIC FEE               |
| X\$ 9=               |        | X\$18=                     |
| X43=                 |        | X86=                       |
| +145=                |        | +290=                      |
| TOTAL                |        | TOTAL                      |

| SMALL ENTITY        | OR                     | OTHER THAN<br>SMALL ENTITY |
|---------------------|------------------------|----------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                       |
| X\$ 9=              |                        | X\$18=                     |
| X43=                |                        | X86=                       |
| +145=               |                        | +290=                      |
| TOTAL<br>ADDIT. FEE |                        | TOTAL<br>ADDIT. FEE        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        |
| Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        | Total                                          | * <u></u>                                 | Minus | ** <u></u>                                  | = <u></u>        |
| Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        | Independent                                    | * <u></u>                                 | Minus | *** <u></u>                                 | = <u></u>        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  |